

September 19, 2002

**IMPLEMENTATION OF CHANGES FOR CO-PAYMENTS FOR OUTPATIENT  
MEDICAL CARE PROVIDED TO VETERANS BY THE DEPARTMENT OF  
VETERANS AFFAIRS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides the Department of Veterans Affairs (VA) policy for implementing changes for charging outpatient co-payments.

***NOTE:** Several changes have been made to the outpatient co-payment tier designations that were previously implemented with VHA Directives 2001-072 and 2002-027.*

**2. BACKGROUND:** Public Law 106-117, The Veterans Millennium Health Care and Benefits Act, gave the Secretary of Veterans Affairs the authority to establish outpatient co-payment amounts.

**3. POLICY:** It is VHA policy that outpatient co-payments are assessed based upon the level of service provided; three tiers of outpatient co-payments are implemented. The outpatient co-payment tier designations provided in this directive are effective October 1, 2002 (see Att. B).

***NOTE:** Corrected billings are not required for co-payment designations that have been changed. A Veterans Health Information Systems and Technology Architecture (VistA) patch will be released to accommodate the changes.*

**4. ACTION:** The facility Director is responsible for ensuring that:

a. Attachment B becomes effective at the facility on October 1, 2002. ***NOTE:** On July 1, 2002, outpatient care provided through the Fee Basis system was subject to outpatient co-payments. Billing staff must review documentation or claims submitted by the fee-basis provider to determine the services provided. Billing staff then must refer to Attachment B of this directive to determine the co-payment assignment.*

b. Outpatient care billing is effected. For Outpatient Care, a three-tiered co-payment system is effective for all services provided on an outpatient basis, as of October 1, 2002. The co-payments are based on basic care visits, specialty care visits and visits with no co-payment designations as determined by the Decision Support System (DSS) Identifiers (DSS ID) (also known as stop codes). The use of these stop code designations and the related co-payments are consistent for all facilities. Medical centers do not have the authority to charge a different co-payment for services. Local use only DSS IDs will automatically default to the basic care co-payment tier unless otherwise determined by VA Central Office that the clinic needs to be defined as requiring no co-payment or specialty care. The co-payment designations are updated on an annual basis to coincide with any changes made to the DSS IDs. Refer to Attachment A for the Fiscal Year (FY) 2003 DSS IDs and co-payment designations.

c. The following explanations are provided to describe the outpatient co-payment tiers.

(1) **No Co-payments.** Services for which there is no co-payment assessed are: publicly announced VA public health initiatives (e.g., health fairs) or an outpatient visit consisting solely of preventive screening and/or immunizations (e.g., influenza immunization, pneumococcal

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immunization, hypertension screening, hepatitis C screening, tobacco screening, alcohol screening, hyperlipidemia screening, breast cancer screening, cervical cancer screening, screening for colorectal cancer by fecal occult blood testing, and education about the risks and benefits of prostate cancer screening). **NOTE:** *These initiatives are viewed as cost-effective for health care in that they often provide early detection of irregularities or abnormalities that can be resolved without major intervention.* Also exempt from co-payments are laboratory, flat film radiology services, and electrocardiogram. **NOTE:** *These services are considered to be a part of the initial provision of care and a separate co-payment will not be charged.*

(2) **Basic \$15 Co-payment.** A basic outpatient visit is an episode of care furnished in a clinic that provides primary care, or, in a clinic that is tightly associated with the larger interdisciplinary primary care team. A referral is not needed for most basic outpatient visits. However, some ancillary healthcare services are usually delivered through consultation or referral but are still considered as a basic outpatient visit. Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Primary care includes, but is not limited to diagnosis and management of acute and chronic biopsychosocial conditions, health promotion, disease prevention, overall care management, and patient and caregiver education. Each patient's identified primary care clinician delivers services in the context of a larger interdisciplinary primary care team. A patient has access to the primary care clinician and the primary care team without need of a referral.

(3) **Specialty \$50 Co-payment.** A specialty outpatient visit is an episode of care furnished in a clinic that does not provide primary care and that is not part of or tightly associated with the larger interdisciplinary primary care team. In general, services delivered in a specialty outpatient visit are provided by highly specialized, narrowly focused healthcare professionals. Specialty outpatient visits are only provided through a referral or consultation. Examples include surgical consultative services, radiology services requiring the immediate presence of a physician, audiology, optometry, cardiology, magnetic resonance imagery (MRI), computerized axial tomography (CAT) scan, nuclear medicine studies, and ambulatory surgery.

d. If a veteran has one or more basic care encounters on the same day and no specialty care encounter on that day, the basic co-payment for one visit is charged for that day. If a veteran has one or more basic care encounters and one or more specialty care encounters on the same day, the specialty co-payment for one visit is charged for that day.

e. If a veteran is required to make a co-payment for extended care services that were provided either directly by VA or obtained for VA by contract on the same day as having an outpatient visit, the outpatient co-payment will not be charged. The extended care co-payment will be charged for those extended care services.

f. The following veterans are not subject to the co-payment requirements for outpatient medical care:

(1) Veterans with a compensable service connected disability.

- (2) Veteran who are former prisoners of war.
  - (3) Veterans awarded a Purple Heart.
  - (4) Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty.
  - (5) Veterans who receive disability compensation under Title 38 United States Code (U.S.C.) 1151.
  - (6) Veterans whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that the veteran's continuing eligibility for care is provided for in the judgment or settlement described in 38 U.S.C. 1151.
  - (7) Veterans whose entitlement to disability compensation is suspended because of the receipt of military retirement pay.
  - (8) Veterans of the Mexican border period or of World War I.
  - (9) Military retirees provided care under an interagency agreement as defined in section 113 of Public Law 106-117.
  - (10) Veterans who VA determines to be unable to defray the expenses of necessary care under 38 U.S.C. 1722(a).
- g. The following services are not subject to the co-payment requirements for outpatient medical care:
- (1) Special registry examinations (including any follow-up examinations or testing ordered as part of the special registry examination) offered by VA to evaluate possible health risks associated with military service;
  - (2) Counseling and care for sexual trauma as authorized under 38 U.S.C 1720D;
  - (3) Compensation and pension examinations requested by the Veterans Benefits Administration;
  - (4) Care provided as part of a VA-approved research project authorized by 38 U.S.C. 7303;
  - (5) Outpatient dental care provided under 38 U.S.C. 1712;
  - (6) Readjustment counseling and related mental health services authorized under 38 U.S.C 1712A;
  - (7) Emergency treatment paid for under 38 U.S.C. 1725 or 1728;
  - (8) Extended care services authorized under 38 U.S.C. 1710B;

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(9) Care or services authorized under 38 U.S.C. 1720E for certain veterans regarding cancer of the head or neck;

(10) Care authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Gulf War veterans, or post-Gulf War combat-exposed veterans; and

(11) Care provided to a veteran for a non-compensable zero percent service connected disability.

h. Outpatient co-payment collections are deposited into the Medical Care Collections Fund (36\_5287.1).

**5. REFERENCES**

a. Public Law 106-117.

b. Title 38 U.S.C. 1710(a), (f), and (g), 1710B.

c. Title 38 Code of Federal Regulations 17.108.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Officer (161) is responsible for the contents of this directive.

**7. RESCISSIONS:** VHA Directive 2002-027 is rescinded. This VHA Directive expires September 30, 2007.

S/ Louise R. Van Diepen for  
Robert H. Roswell, M.D.  
Under Secretary for Health

**Attachments**

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## ATTACHMENT A

**DECISION SUPPORT SYSTEM (DSS) IDENTIFIERS (ALSO KNOWN AS STOP CODES), DEFINITIONS AND CO-PAYMENT TIER TABLE**

1. The Fiscal Year (FY) 2003 Decision Support System (DSS) Identifiers (DSS IDs) (three and six digit codes) and co-payment tiers provided in Attachment B must be used for all outpatient co-payment activity. Outpatient co-payments will be based on basic visits, specialty visits and no co-payment designations as determined by DSS IDs. The use of these DSS ID designations and the related co-payments must be consistent for all facilities. Medical centers do not have the authority to charge a different co-payment for services. **NOTE:** *Local use DSS IDs will automatically default to the basic care co-payment tier. Co-payment designations may be updated on an annual basis to coincide with any program changes made to the DSS IDs.*

2. Clinics for which no co-payments are charged are designated as "NON." Basic co-payment clinic designations are indicated with "B;" specialty co-payment clinic designations are indicated with "S."

3. The DSS ID 117 Nursing should always be used in the secondary position. DSS IDs 185 Physician Extender (Nurse Practitioner), 186 Physician Extender (Physician Assistant) and 187 Physician Extender (Clinical Nurse Specialist) always need to be used in the secondary position. The DSS ID 449, Fittings and Adjustments, is a secondary stop code for the purpose of fitting and/or making adjustments to prosthetic devices, in clinics other than Prosthetics or Orthotics (DSS ID 417). An example would be adjustments to eyeglasses, hearing aids, or voice prostheses where such adjustments are the primary purpose of the visit. DSS ID 714, Other Education, is used as a secondary stop code only. DSS ID 715, Ongoing Treatment (non-mental health), is used as a secondary stop code to record on-going treatment. An example of this use would be for ongoing speech therapy treatment (204715). DSS ID 716, Post Surgical Routine Aftercare, is used as a secondary stop code to record routine care after surgery such as a suture removal. **NOTE:** *Refer to the DSS ID directive for the definitions associated with all DSS clinic stop codes.*

**4. Definitions**

a. **"DSS Identifier" or "DSS ID."** A three-digit or six-digit code used to report the Production Unit responsible for specific types of outpatient healthcare:

(1) The first three digits of a DSS ID report the workgroup, production unit, or clinic department ("Clinic Stop") responsible for the care delivered.

(2) The second three digits, if needed, are used to report added specificity about either the type of services or the type of service provider.

(3) The DSS ID is composed of the Primary Stop Code and, if present, the Credit Pair or Secondary Stop Code respectively represented on the Veterans Health Information Systems and

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Technology Architecture (VistA) Medical Administration Service (MAS) Outpatient packages field as *Stop Code Number* and *Credit Stop Code*, respectively.

b. **“Primary Stop Code.”** The first three characters of the DSS ID (also known as Stop Code Number). This entity is known in the VISTA MAS package as the field *Stop Code Number* (in File #44).

c. **“Credit Pair” or “Secondary Stop Code.”** The final three characters of a six-character DSS Identifier. This entity is identified in the VISTA MAS package (in File #44) as the field *Credit Stop Code*.

d. **VISTA Clinic Set-Up.** To set up a clinic in the VISTA MAS Package for an Outpatient Clinic, the field Stop Code Number is required. The field Credit Stop Code can also be entered, as appropriate, to further characterize the responsible clinic.

e. **DSS ID Directive.** The VHA DSS ID Directive annually updates the codes that identify Outpatient Production Units that are known as DSS ID. This is done to provide standard reference workload accounting for all the Veterans Health Administration.

**ATTACHMENT B**

**DECISION SUPPORT SYSTEM (DSS) STOP CODES AND CO-PAYMENT TIER  
TABLE**

This table provides the co-payment tier designations that are effective October 1, 2002.

<b>Primary Stop Code</b>	<b>Secondary Stop Code</b>	<b>DSS ID NAME</b>	<b>Copay Tier B=Basic S= Specialty Non= No Copay</b>
102		ADMITTING and/or SCREENING	B
	102101	EMERGENCY UNIT	S
103		TELEPHONE TRIAGE	NON
	103801	IN Veterans Integrated Service Network (VISN) PHONE TRIAGE – NOT Department of Veterans Affairs (VA) MEDICAL CENTER	NON
	103802	OUT OF VISN, VA PHONE TRIAGE	NON
	103803	COMMERCIAL PHONE TRIAGE	NON
104		PULMONARY FUNCTION	S
105		X-Ray	NON
106		Electroencephalogram (EEG)	S
107		Electrocardiogram (EKG)	NON
108		LABORATORY	NON
109		NUCLEAR MEDICINE	S
115		ULTRASOUND	S
116		RESPIRATORY THERAPY	S
	116714	RESPIRATORY THERAPY EDUCATION	B
	116329	RESPIRATORY THERAPY PROCEDURES	S
	---117	NURSING	B
118		HOME TREATMENT SERVICES	B
119		COMMUNITY NURSING HOME FOLLOW-UP	B
120		HEALTH SCREENING	NON
121		RESIDENTIAL CARE (NON-Mental Health (MH))	B
122		PUBLIC HEALTH NURSING	NON
123		NUTRITION/DIETETICS/INDIVIDUAL	B
124		NUTRITION/DIETETICS/GROUP	B
125		SOCIAL WORK SERVICE	B
126		EVOKED POTENTIAL	S
127		TOPOGRAPHICAL BRAIN MAPPING	S
128		PROLONGED VIDEO-EEG MONITORING	S
144		RADIONUCLIDE THERAPY	S
145		PHARMACOLOGY/PHYSIOLOGIC NUCLEAR MYOCARDIAL PERFUSION STUDIES	S
146		Positron Emission Tomography (PET)	S

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147		TELEPHONE/ANCILLARY	NON
	147209	TELEPHONE Visual Impairment Services Team (VIST)	NON
148		TELEPHONE/DIAGNOSTIC	NON
149		RADIATION THERAPY TREATMENT	S
150		COMPUTERIZED TOMOGRAPHY (CT)	S
151		MAGNETIC RESONANCE IMAGING (MRI)	S
152		ANGIOGRAM CATHETERIZATION	S
153		INTERVENTIONAL RADIOGRAPHY	S
154		Magnetoencephalography (MEG)	S
155		INFO ASSISTS TECHNOLOGY	S
165		BEREAVEMENT COUNSELING	NON
166		CHAPLAIN SERVICE – INDIVIDUAL	NON
167		CHAPLAIN SERVICE - GROUP	NON
168		CHAPLAIN SERVICE - COLLATERAL	NON
169		TELEPHONE/CHAPLAIN	NON
170		Home Based Primary Care (HBPC) - PHYSICIAN	B
171		HBPC – Registered Nurse (RN)/Registered Nurse Practitioner (RNP)/ Physician Assistant (PA)	B
172		HBPC - NURSE EXTENDER	B
173		HBPC - SOCIAL WORKER	B
174		HBPC – THERAPIST	B
	174202	HBPC – RECREATION THERAPY	B
	174205	HBPC – PHYSICAL THERAPY	B
	174206	HBPC – OCCUPATIONAL THERAPY	B
175		HBPC – DIETITIAN	B
176		HBPC - CLINICAL PHARMACIST	B
177		HBPC – OTHER	B
	177201	HBPC- Physical Medicine & Rehabilitation Service (PM&RS)	B
	177210	HBPC- Spinal Cord Injury (SCI)	B
178		HBPC/TELEPHONE	NON
179		TELE-HOME CARE TECHNOLOGY UNIT	NON
180		DENTAL	NON
181		TELEPHONE/DENTAL	NON
	---185	PHYSICIAN EXTENDER (NURSE PRACTITIONER)	Refer to primary stop code
	---186	PHYSICIAN EXTENDER (PHYSICIAN ASSISTANT)	Refer to primary stop code
	---187	PHYSICIAN EXTENDER (CLINICAL NURSE SPECIALIST)	Refer to primary stop code
201		PM & RS	S
202		RECREATION THERAPY SERVICE	NON
203		AUDIOLOGY	S
204		SPEECH PATHOLOGY	S
205		PHYSICAL THERAPY	B



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206		OCCUPATIONAL THERAPY	B
207		PM&RS INCENTIVE THERAPY	NON
208		PM&RS COMPENSATED WORK THERAPY (CWT)	NON
	208466	Domiciliary (DOM) CWT	NON
209		VIST COORDINATOR	NON
	209125	VIST COORDINATOR BY SOCIAL WORKER	NON
210		SPINAL CORD INJURY	B
	210414	SCI-CYSTOURO	B
	210468	SCI-RN PROCEDURE	B
211		AMPUTATION FOLLOW-UP CLINIC	S
212		EMG – Electromyogram	S
213		PM&RS VOCATIONAL ASSISTANCE	NON
	213466	Veterans (VETS) Education (ED)/Training (TRNG) DOM	NON
214		KINESIOTHERAPY	B
215		SCI HOME CARE PROGRAM	B
216		TELEPHONE Rehabilitation (REHAB) AND SUPPORT	NON
	216203	TELEPHONE AUDIOLOGY REHAB SUPPORT SVC	NON
	216204	TELEPHONE SPEECH REHAB SUPPORT SERVICE	NON
	216210	SPINAL CORD INJURY TELEPHONE SUPPORT	NON
217		BLIND REHAB OUTPATIENT SPECIALIST (BROS)	B
218		Computer Assisted Training (CAT) BLIND REHAB	B
219		TRAUMATIC BRAIN INJURY	S
290		OBSERVATION MEDICINE	S
291		OBSERVATION SURGERY	S
292		OBSERVATION PSYCHIATRY	S
293		OBSERVATION NEUROLOGY	S
294		OBSERVATION BLIND REHAB	S
295		OBSERVATION SPINAL CORD	S
296		OBSERVATION REHABILITATION	S
301		GENERAL INTERNAL MEDICINE	B
302		ALLERGY IMMUNOLOGY	S
303		CARDIOLOGY	S
	303115	ECHOCARDIOGRAM	S
	303201 -	CARDIAC REHAB	B
304		DERMATOLOGY	S
	304416	DERM PHOTO THERAPY	S
	304329	DERM BIOPSIES	S
	304715	DERMATOLOGY ROUTINE AFTERCARE	B
305		ENDO METAB (EXCEPT DIABETES)	S
306		DIABETES	S
	306714	DIABETES EDUCATION	B
307		GASTROENTEROLOGY	S

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	307117	ENTEROSTOMAL CLINIC	B
	307329	LIVER BIOPSIES	S
	307454	LIVER	S
308		HEMATOLOGY	S
309		HYPERTENSION	B
310		INFECTIOUS DISEASE	S
	310323	CHRONIC INFX DISEASE PRIMARY CARE	B
311		PACEMAKER	S
312		PULMONARY/CHEST	S
	312104	SLEEP STUDIES	S
313		RENAL/NEPHROL(EXCEPT DIALYSIS)	S
	313457	TRANSPLANT	S
314		RHEUMATOLOGY/ARTHRITIS	S
315		NEUROLOGY	S
	315456	EPILEPSY	S
	315469	MOVEMENT DISORDER	S
	315470	SLEEP DISORDER	S
316		ONCOLOGY/TUMOR	S
	316149	Radiology (RAD) Perscription (RX) (WITH ONCOLOGY MEDICINE SERVICE)	S
	316329	ONCOLOGY/TUMOR PROCEDURES	S
317		COUMADIN CLINIC	B
318		GERIATRIC CLINIC	B
320		ALZHEIMER'S AND DEMENTIA CLINIC	S
321		Gastrointestinal (GI) ENDOSCOPY	S
322		WOMEN'S CLINIC	B
	322704	PAP SMEAR ONLY	NON
323		PRIMARY CARE/MEDICINE	B
	323160	PHARMACISTS CONSULTS	B
	323473	PPD CLINIC	NON
	323691	PRE-EMPLOYMENT PHYSICAL MILITARY PERSONNEL	NON
	323710	FLU SHOT	NON
324		TELEPHONE/MEDICINE	NON
325		TELEPHONE/NEUROLOGY	NON
326		TELEPHONE/GERIATRICS	NON
327		MED Physician (MD) PERFORM INVASIVE Operating Room (OR) Procedure (PROC)	S
328		MEDICAL SURGICAL DAY UNIT (MSDU)	B
329		MEDICAL PROCEDURE UNIT	S
330		CHEMOTHERAPY PROCEDURES UNIT MEDICINE	S
331		PRE-BED CARE Physician (MD) (MEDICAL SERVICE)	S
332		PRE-BED CARE RN (MEDICAL SERVICE)	B
333		CARDIAC CATHETERIZATION	S
334		CARDIAC STRESS TEST/Exercise Tolerance Test (ETT)	S
335		PARKINSONS DISEASE	S

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350		GERIATRIC PRIMARY CARE	B
351		ADVANCED ILLNESS COORDINATED CARE (AICC)	B
	370	LTC SCREENING	NON
401		GENERAL SURGERY	S
402		CARDIAC SURGERY	S
	402457	HEART TRANSPLANT CLINIC	S
403		Ear, Nose, and Throat (ENT)	S
404		GYNECOLOGY	S
405		HAND SURGERY	S
406		NEUROSURGERY	S
407		OPHTHALMOLOGY	S
408		OPTOMETRY	S
409		ORTHOPEDICS	S
410		PLASTIC SURGERY	S
	410210	SCI PLASTIC	S
411		PODIATRY	B
412		PROCTOLOGY	S
413		THORACIC SURGERY	S
414		UROLOGY	S
	414451	IMPOTENCY	S
	414473	URODYNAMICS	S
415		VASCULAR SURGERY	S
	415461	Aneurysm Detection And Management (ADAM) CLINIC	S
416		AMBULATORY SURGERY EVALUATION BY NON-MD	NON
417		PROSTHETIC, ORTHOTICS: EVALUATION, FITTING, and/or MEASURING	B
	417201	MAJOR MED	B
	417451	WHEEL CHAIR	B
	417452	CUSHION	B
	417455	SHOE/BRACE	B
418		AMPUTATION CLINIC	S
419		ANESTHESIA PRE-operation (OP) and/or POST-OP CONSULTATION	S
420		PAIN CLINIC	S
421		VASCULAR LABORATORY	S
422		CAST CLINIC	B
423		PROSTHETIC SUPPLY DISPENSED	NON
	423461	Computer Aided Design (CAD) Computer Aided Modeling (CAM) UNIT	NON
424		TELEPHONE/SURGERY	NON
425		TELEPHONE/PROSTHETICS/ORTHOTICS	NON
426		WOMEN'S SURGERY	S
428		TELEPHONE/OPTOMETRY	NON
429		OUTPATIENT CARE IN THE OPERATING ROOM	S
430		CYSTO ROOM UNIT FOR OUTPATIENT	S
431		CHEMOTHERAPY PROCEDURES UNIT-	S

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		SURGERY	
432		PRE-BED CARE MD (SURGICAL SERVICE)	S
433		PRE-BED CARE RN (SURGERY)	B
435		SURGICAL PROCEDURE UNIT	S
436		CHIROPRACTIC CARE IN MEDICAL CENTER	B
	---449	FITTINGS AND ADJUSTMENTS	NON
	450	Compensation and Pension (C&P) EXAM	NON
	451	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	452	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	453	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	454	SPECIAL REGISTRY 5	NON
	455	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	456	SPECIAL REGISTRY 6	NON
	457	TRANSPLANT	S
	458	SPECIAL REGISTRY 7	NON
	459	SPECIAL REGISTRY 8	NON
	460	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	461	SPECIAL REGISTRY 1	NON
	462	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	463	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	464	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	465	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	466	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	467	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	468	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	469	SPECIAL REGISTRY 2	NON
	470	SPECIAL REGISTRY 3	NON
	471	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	472	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	473	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	474	RESEARCH	NON
	475	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	476	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	477	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	478	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	479	SPECIAL REGISTRY 4	NON

	480	COMPREHENSIVE FUNDOSCOPY EXAM This DSS identifier may only be used in the credit position. It is primarily to be used with identifiers 301, 305, 306, 309, 323, 350, 407 and 408 whenever a comprehensive fundoscopic examination is performed, i.e., for patients with diabetes or hypertension; however, it may be used in conjunction with any other DSS identifier should the need arise.	S
	481	BRONCHOSCOPY	S
	429481	If Outpatient Bronchoscopy is done by Surgery in the OR	S
	312481	If Outpatient Bronchoscopy is done in the Pulmonary Area	S
	327481	If Outpatient Bronchoscopy is done by Medicine in the OR	S
	329481	If Outpatient Bronchoscopy is done in the Medical Procedure Unit	S
	435481	If Outpatient Bronchoscopy is done in "Lumps and Bumps" Surgery Procedure Unit	S
	482	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	483	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	484	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
	485	SPECIAL DSS CREDIT PAIR – LOCALLY DEFINED	NON
501 -		HOMELESS MENTALLY ILL OUTREACH	NON
502		MENTAL HEALTH CLINIC INDIVIDUAL	B
503		MENTAL HEALTH RESIDENTIAL CARE INDIVIDUAL	B
505		DAY TREATMENT - INDIVIDUAL	B
506		DAY HOSPITAL - INDIVIDUAL	B
509		PSYCHIATRY MD - INDIVIDUAL	B
510		PSYCHOLOGY - INDIVIDUAL	B
	510474	PSYCHOLOGY RESEARCH	NON
512		PSYCHIATRY CONSULTATION	B
513		SUBSTANCE ABUSE – INDIVIDUAL	B
	513461	INDIVIDUAL SUBSTANCE ABUSE: ALCOHOL DEPENDENCE	B
	513469	INDIVIDUAL SUBSTANCE ABUSE: DRUG DEPENDENCE	B
514		SUBSTANCE ABUSE - HOME VISIT	B
515 -		CWT/Transitional Residence (TR)-Homeless Chronically Mentally Ill (HCMI)	NON
516		Post Traumatic Stress Disorder (PTSD) – GROUP	B

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	516726	PTSD DOM-AFTERCARE GROUP	B
519		SUBSTANCE USE DISORDER/PTSD TEAMS	B
520		LONG-TERM ENHANCEMENT INDIVIDUAL	B
521		LONG-TERM ENHANCEMENT – GROUP	B
522		Department of Housing and Urban Development (HUD)-VA Shared Housing (VASH)	NON
523		OPIOID SUBSTITUTION	NON
524		ACTIVE DUTY SEX TRAUMA	NON
525		WOMEN'S STRESS DISORDER TREATMENT TEAMS	NON
527		TELEPHONE/GENERAL PSYCHIATRY	NON
	527564	TELEPHONE MH TEAM CASE MANAGEMENT	NON
528		TELEPHONE/HOMELESS MENTALLY ILL (HMI)	NON
529		Health Care for Homeless Veterans (HCHV)/HMI	NON
530		TELEPHONE/HUD-VASH	NON
531		MENTAL HEALTH PRIMARY CARE TEAM-INDIVIDUAL	B
532		PSYCHOSOCIAL REHABILITATION-INDIVIDUAL	B
	532713	GAMBLING ADDICTION IND	B
533		MH INTERVENTION BIOMEDICAL CARE INDIVIDUAL	B
	533707	SMOKING CESSATION IND	B
535		MH VOCATIONAL ASSISTANCE - INDIVIDUAL	NON
536		TELEPHONE/MH VOCATIONAL ASSISTANCE	NON
537		TELEPHONE/PSYCHOSOCIAL REHABILITATION	NON
538		PSYCHOLOGICAL TESTING	S
540		PTSD ClinicalTeam (PCT) POST – TRAUMATIC STRESS-INDIVIDUAL	B
542		TELEPHONE/PTSD	NON
545		TELEPHONE/SUBSTANCE ABUSE	NON
	545461	TELEPHONE/SUBSTANCE ABUSE-ALCOHOL DEPENDENCE	NON
	545469	TELEPHONE SUBSTANCE ABUSE-DRUG DEPENDENCE	NON
546		TELEPHONE/MHICM	NON
547		INTENSIVE SUBSTANCE ABUSE TREATMENT	B
	547461	INTENSIVE SUBSTANCE ABUSE TREATMENT - ALCOHOL DEPENDENCE	B
	547469	INTENSIVE SUBSTANCE ABUSE TREATMENT - DRUG DEPENDENCE	B
550		MENTAL HEALTH CLINIC (GROUP)	B
552		MENTAL HEALTH INTENSIVE CASE MANAGEMENT (MHICM)	B
553		DAY TREATMENT – GROUP	B
554		DAY HOSPITAL-GROUP	B

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557		PSYCHIATRY - GROUP	B
558		PSYCHOLOGY - GROUP	B
559		PSYCHOSOCIAL REHABILITATION - GROUP	B
	559713	GAMBLING ADDICTION GRP	B
560		SUBSTANCE ABUSE - GROUP	B
	560461	GROUP SUBSTANCE ABUSE: ALCOHOL DEPENDENCE	B
	560469	GROUP SUBSTANCE ABUSE: DRUG DEPENDENCE	B
561		PCT-POST TRAUMATIC STRESS – GROUP	B
562		PTSD – INDIVIDUAL	B
563		MENTAL HEALTH PRIMARY CARE TEAM – GROUP	B
564		MH TEAM CASE MANAGEMENT	B
565		MH MEDICAL CARE ONLY - GROUP	B
566		MH RISK-FACTOR-REDUCTION ED GROUP	B
	566707	SMOKING CESSATION GRP	B
567		MENTAL HEALTH INTENSIVE CASE MGT GROUP	B
573		MH INCENTIVE THERAPY - GROUP	NON
574		MH COMPENSATED WORK THERAPY – GROUP	NON
575		MH VOCATIONAL ASSISTANCE - GROUP	NON
576		PSYCHOGERIATRIC CLINIC, INDIVIDUAL	B
577		PSYCHOGERIATRIC CLINIC, GROUP	B
578		PSYCHOGERIATRIC DAY PROGRAM	B
579		TELEPHONE/ PSYCHOGERIATRICS	NON
580		PTSD DAY HOSPITAL	B
581		PTSD DAY TREATMENT	B
589		NON-ACTIVE DUTY SEX TRAUMA	NON
602		CHRONIC ASSISTED HEMODIALYSIS TREATMENT HEMODIALYSIS TREATMENT	B
603		LIMITED SELF CARE HEMODIALYSIS TREATMENT	B
604		HOME/SELF HEMODIALYSIS TRAINING TREATMENT	B
606		CHRONIC ASSISTED PERITONEAL DIALYSIS	B
607		LIMITED SELF CARE PERITONEAL DIALYSIS	B
608		HOME/SELF PERITONEAL DIALYSIS TRAINING	B
610		CONTRACT DIALYSIS	S
611		TELEPHONE/DIALYSIS	NON
640		SEND OUT PROCEDURES NOT FEE	NON
641		SEND OUT PROCEDURES DoD	NON
642		SEND OUT PROCEDURES FEE	NON
651		STATE NURSING HOME DAYS	NON
652		STATE DOMICILIARY HOME DAYS	NON
653		STATE HOSPITAL CARE	NON

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654		NON-VA RESIDENTIAL CARE DAYS	NON
655		COMMUNITY NON-VA CARE	NON
656		Department of Defense (DOD) NON-VA CARE	NON
657		ASSISTED LIVING VENDOR WORK	NON
660		CHIROPRACTIC CARE OUTSIDE VA	NON
670		ASSISTED LIVING – PAID, STAFF	NON
680		HOME/COMMUNITY HEALTHCARE ASSESSMENT	NON
682		VA-REFERRALS TO HOME/COMMUNITY CARE PROVIDERS	NON
	690	TELEMEDICINE <b>NOTE:</b> Use as credit pair only.	NON
	691	PRE-EMPLOYMENT PHYSICAL MILITARY PERSONNEL	NON
	692	TELEMEDICINE CONSULT SAME STATION	NON
	693	TELEMEDICINE CONSULT NOT SAME STATION	NON
	---701	BLOOD PRESSURE CHECK	NON
703		MAMMOGRAM	NON
	706	ALCOHOL SCREENING	NON
	712	HEPATITIS C REGISTRY	NON
	---714	OTHER EDUCATION	B
	---715	ONGOING TREATMENT (NON MENTAL HEALTH)	B
	---716	POST SURGICAL ROUTINE AFTERCARE	B
725		DOMICILIARY OUTREACH SERVICES	NON
726		DOMICILIARY AFTERCARE – COMMUNITY	NON
727		DOMICILIARY AFTERCARE - VA	NON
728		DOMICILIARY ADMISSION SCREENING SERVICES	B
729		TELEPHONE/DOMICILIARY	NON
731		Psychiatric Rehabilitation Residential Treatment Program (PR RTP) – GENERAL CARE (ECS USE ONLY)	NON
900 - Inactivate 10/1/98		SPECIAL SERVICES	NON
999		EMPLOYEE HEALTH	NON
	999510	PSO-Employee Assistance Program (EAP) - <b>OPTIONAL</b>	NON